Early Learning Scholarships Program

Invoice Form – Pathway I – FY2025

Early childhood education programs serving Early Learning Scholarships – Pathway I award recipient children must submit this invoice for payment of eligible service expenses. Please read the INSTRUCTIONS sheet before completing this form.

Central Payment Administrator (Great	ater Twin Cities United Way) Contact Information	
Contact Name:	Krystal Shatek	
Organization Name:	Greater Twin Cities United Way	
Mailing Address:	404 South 8th Street Minneapolis MN 55404	
Contact Phone Number:		
Email Address:	ELSAPaymentSupport@gtcuw.org	
I. Early Childhood Program Contact I	nformation	
Central (ELS) Invoicing ID		
Program Name:	Site Name:	
Program Address:	Program Billing Address:	
Program Contact Name:	Phone:	
Program Contact Role/Title:	Email:	
II. Invoice Information		
Billing Schedule Type:		
Service Period:	to	
System Service Period for Monthly ONLY:	to	
Date of Invoice Submission:	Enter X if this is a correcte	d version of a previously submitted invoice for the same period:
Authorized Individual's Position/Title:		
Authorized Signature*:	Signature Date:	
only as allowable under Early Learning Scholarships P	you acknowledge and agree that such entry constitutes your electronic signature	
*Please see the Program Participation Agreement for	signature and submission requirements.	
CENTRAL PAYMENT ADMINSTRATOR USE ONI	LY	
Date Received:		
Invoice Tracking Number/Code:		

Invoicing Notes	
Program Notes to Central Payment Administrator	
Control Doumont Administrator Hea Only	
Central Payment Administrator Use Only	

Early Learning Scholarships Invoice Form SFY2025		GRAND TOTAL of all pages \$						\$	\$	\$	\$
Program/Site:		Α	В	С	D	E	F	G	н	1	J
		Scheduled to Attend	Program Holidays	Closure Days	Absent Days	Absent 10 or more Consecutive Days?	Program Tuition amount charged before discounts	Additional Fees Refer to INSTRUCTIONS	Child Care Assistance Program (CCAP) Payment	Other Payment(s) Received non-CCAP payments and	Scholarship Payment Amount Requested
Participating (Child Information	count	count	count	count	Y/N	or payments	for fee codes	not co-payment	applied discounts	= (F+G)-(H+I)
First Name: Last Name:							\$	\$	\$	\$	\$
Birthdate:	MM / DD / YYYY	Child Note	s:			•	•	Fee Descriptions:		•	
Award Date:	MM / DD / YYYY							For each fee, fill in a box with the	\$	\$	\$
Attendance Start:	MM / DD / YYYY							code and amount	\$	\$	\$
Final Invoice: Check box	if child has left program							on line to right	\$	\$	\$
First Name:							Ś	ć	Ś	Ś	
Last Name: Birthdate:		Child Note	c,				ļ>	Fee Descriptions:	>	Ş	3
Award Date:		Cima Note	J.					l de 2 de d'ipine.	Пs	Ś	İs
Attendance Start:									\$	\$	\$
Final Invoice: Check box	if child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/	Child Note	s:					Fee Descriptions:	_	-	
Award Date:	/								\$	\$	\$
Attendance Start:	/								\$	\$	\$
Final Invoice: Check box	if child has left program						1		\$	\$	\$
First Name:							_		_		
Last Name:		Child Note					\$	Fee Descriptions:	\$	\$	\$
Birthdate:		Crilla Note	S.					ree Descriptions.	Π¢	Π¢	□ ¢
Award Date: Attendance Start:									Ś	Ś	Ś
Final Invoice: Check box	if child has left program								Ś	Ś	Ś
Findi invoice. Check box	ij cilila nas iejt program										
		Page Tot	al				\$	Ş	\$	\$	į\$

Early Learning Scholarships Invoice Form SFY2025

Program/Site:		А	В	С	D	E	F	G	н	1	J
		Scheduled to Attend	Program Holidays	Closure Days	Absent Days	Absent 10 or more Consecutive Days?	Program Tuition amount charged	Additional Fees <i>Refer to</i>	Child Care Assistance Program (CCAP)	Other Payment(s) Received non-CCAP	Scholarship Payment Amount Requested
Participating C	hild Information	day count	day count	day count	day count	Y/N	before discounts or payments	INSTRUCTIONS for fee codes	Payment not co-payment	payments and applied discounts	= (F+G)-(H+I)
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:	_		
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:			
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:		_	
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:		_	
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
		Page Tot	al				\$	ş	ş	ş	ş

Early Learning Scholarships Invoice Form SFY2025

Program/Site:		А	В	С	D	E	F	G	н	1	J
		Scheduled to Attend	Program Holidays	Closure Days	Absent Days	Absent 10 or more Consecutive Days?	Program Tuition amount charged	Additional Fees <i>Refer to</i>	Child Care Assistance Program (CCAP)	Other Payment(s) Received non-CCAP	Scholarship Payment Amount Requested
Participating C	hild Information	day count	day count	day count	day count	Y/N	before discounts or payments	INSTRUCTIONS for fee codes	Payment not co-payment	payments and applied discounts	= (F+G)-(H+I)
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:	_		
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:			
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:		_	
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:		_	
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
		Page Tot	al				\$	ş	ş	ş	ş

Early Learning Scholarships Invoice Form SFY2025

Program/Site:		А	В	С	D	E	F	G	Н	1	J
		Scheduled to Attend	Program Holidays	Closure Days	Absent Days	Absent 10 or more Consecutive Days?	Program Tuition amount charged	Additional Fees Refer to INSTRUCTIONS	Child Care Assistance Program (CCAP) Payment	Other Payment(s) Received non-CCAP payments and	Scholarship Payment Amount Requested
Participating C	hild Information	day count	day count	day count	day count	Y/N	before discounts or payments	for fee codes	not co-payment	applied discounts	= (F+G)-(H+I)
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:	_		_
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:	_	_	_
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	rs:					Fee Descriptions:	_	_	_
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
First Name:											
Last Name:							\$	\$	\$	\$	\$
Birthdate:	/ /	Child Note	s:					Fee Descriptions:		_	
Award Date:	/ /								\$	\$	\$
Attendance Start:	/ /								\$	\$	\$
Final Invoice: Check box if	child has left program								\$	\$	\$
		Page Tot	al				\$	\$	İ\$	İ\$	ş

NOTE: The Payment Dates may be delayed by 1-2 business days depending on how your bank processes payments.

Α	В	С	D
SFY 2025 Bi-Weekly Service Periods July 1, 2024 - June 30, 2025	SFY 2025 Bi-Weekly Service Invoice Submission Date by Midnight on Tuesdays	SFY 2025 Bi-Weekly Service Invoice Payment Dates On Fridays	4-week Service Period Use
06/24/2024 - 07/07/2024	07/09/2024	07/19/2024	4-week service period
07/08/2024 - 07/21/2024	07/23/2024	08/2/2024	·
07/22/2024 - 08/04/2024	08/06/2024	08/16/2024	4-week service period
08/05/2024 - 08/18/2024	08/20/2024	08/30/2024	
08/19/2024 - 09/01/2024	09/03/2024	09/13/2024	4-week service period
09/02/2024- 09/15/2024	09/17/2024	09/27/2024	. Week service period
09/16/2024 - 09/29/2024	10/01/2024	10/11/2024	4-week service period
09/30/2024 - 10/13/2024	10/15/2024	10/25/2024	. Week service period
10/14/2024 - 10/27/2024	10/29/2024	11/08/2024	4-week service period
10/28/2024 - 11/10/2024	11/12/2024	11/22/2024	. Week service period
11/11/2024 - 11/24/2024	11/26/2024	12/06/2024	4-week service period
11/25/2024 - 12/08/2024	12/10/2024	12/20/2024	4 Week Service period
12/09/2024 - 12/22/2024	12/24/2024	1/3/2024	4-week service period
12/23/2024 - 01/05/2025	01/07/2025	01/17/2025	4 Week Service period
01/06/2025 - 01/19/2025	01/21/2025	01/31/2025	4-week service period
01/20/2025 - 02/02/2025	02/04/2025	02/14/2025	. Week service period
02/03/2025 - 02/16/2025	02/18/2025	02/28/2025	4-week service period
02/17/2025 - 03/02/2025	03/04/2025	03/14/2025	4 Week Service period
03/03/2025 - 03/16/2025	03/18/2025	03/28/2025	4-week service period
03/17/2025 - 03/30/2025	04/01/2025	04/11/2025	4 Week Service period
03/31/2025 - 04/13/2025	04/15/2025	04/25/2025	4-week service period
04/14/2025 - 04/27/2025	04/29/2025	05/09/2025	4-week service period
04/28/2025 - 05/11/2025	05/13/2025	05/23/2025	4-week service period
05/12/2025 - 05/25/2025	05/27/2025	06/06/2025	4 Week service period
05/26/2025 - 06/08/2025	06/10/2025	06/20/2025	4-week service period
06/09/2025 - 06/22/2025	06/24/2025	07/04/2025	week service period
06/23/2025 - 07/06/2025	07/08/2025	07/18/2025	

E	F	G
SFY 2025 Monthly Service Periods	SFY 2025 Monthly Invoice Submission Date	SFY 2025 Monthly Invoice Payment Dates
July 1, 2024 - June 30, 2025	by Midnight on Tuesdays	On Fridays
07/01/2024 - 07/31/2024	08/06/2024	08/16/2024
08/01/2024 - 08/31/2024	09/03/2024	09/13/2024
09/01/2024 - 09/30/2024	10/01/2024	10/11/2024
10/01/2024 - 10/31/2024	11/05/2024	11/15/2024
11/01/2024 - 11/30/2024	12/03/2024	12/13/2024
12/01/2024- 12/31/2024	01/07/2024	01/17/2025
01/01/2025 - 01/31/2025	02/04/2025	02/14/2025
02/01/2025 - 02/28/2025	03/04/2025	03/14/2025
03/01/2025 - 03/31/2025	04/01/2025	04/11/2025
04/01/2025 - 04/30/2025	05/06/2025	05/16/2025
05/01/2025 - 05/31/2025	06/03/2025	06/13/2025
06/01/2025 - 06/30/2025	07/01/2025	07/11/2025